

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/856211

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		3		1		
5	1		1			
6		1				
7		1				
8		0		1		
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TOTAL D.			2			
TOTAL P.			9			
TOTAL AIMS			11			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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